



Council on Medical Assistance Program Oversight

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Quarterly Reports CY 2012 QTS 1,2,3&4

This report of the Medicaid Council is submitted to the General Assembly for the time period of January and December 2012

The Medicaid Medical Assistance Program Oversight Council reports are submitted to the General Assembly as required under CGS 17b-28. The Medicaid Medical Assistance Program Oversight Council previously called the Medicaid Managed Care Council, is a collaborative body established by the General Assembly in 1994 to initially advise the Department of Social Services (DSS) on the development and implementation of Connecticut's Medicaid Managed Care Program (HUSKY A), in 1998 the State Children's Health Insurance Program (SCHIP)-HUSKY B and in 2006 the managed care portion of the state funded State General Assistance (SAGA) program that in July 2009 became the new Medicaid expansion group called the Medicaid low income adults (MLIA) program and the state subsidized Charter Oak Health Program (uninsured adults 19-64).

*Legislation in 2011 revised 17b-28 to include Council oversight of the Medicaid HUSKY Health Program that encompasses all Medicaid enrollees' health care. The statute charges the Council with monitoring and advising DSS on matters including, but not limited to, program planning and implementation of the new delivery system under the Administrative Service Organization (ASO), transitional issues from managed care to this model, eligibility standards, benefits, health care access and quality measures. In addition the Council advises DSS on the development and implementation of the provider-level Person -Centered Medical Home model. The Council consists of legislators, consumers, advocates, health care providers, representatives of managed care plans (through 12-31-11), the medical ASO and state agencies. The Council has five Committees: **Consumer Access, Quality, Care Management/ PCMH, Women's Health and Complex Care Committee.***

Report to the Connecticut General Assembly

Reported by Olivia Puckett, Clerk Council on Medical Assistance Program Oversight

Meeting Minutes from Council Meetings



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Committee Reports

Care Management Committee

- In January, the Committee reviewed the transition process of the ASO from DSS and CHN. It was reported to be a relatively smooth transition with 329 Providers enrolled during the initial outreach. Public forums were held to assess the patients' view of the transition. Questions of access to information about the program were raised and plans were made to address these concerns through email contacts, website updates, and brochures.
- In February, the Committee discussed the integration and application of the PCMH. They discussed strategies for increasing the program and how best to merge the model with commercial providers. There was also discussion of implementing a PMPM payment model.
- In March, the Committee again reviewed the language of PMPM payment model. They also discussed the use of the CHN provider portal and the submission of patient consent forms across the PCPH model. The CPCI program was also discussed as a program that does not incentivize quality care.
- In May, after having reported a successful pilot stage, the Committee discussed recruitment options for the PCMH program, which would target practices with a high volume of Medicaid patients and a series of high standards. There were also discussions about the adoption of the McKesson's Analytic Advisor, which will sort through relevant data.
- In June, DSS gave an update about the successful recruitment in PCMH. Recruitment is working with Glide Path Options to educate on issues of NCQA and EHR. There was discussion about the need to prioritize children in the EHR system. Individuals presented about the Glide Path Program Enhancement, which is more proactive in nature. The Committee then discussed the importance of care coordinators.
- In August, the Committee reviewed the PCMH and Glide Path application statuses. There was further discussion about EHR and the effectiveness of its implementation. There should be more information provided to practices about EHR.
- In September, DSS gave another update regarding PCMH and Glide Path enrollment, which was rolling out nicely. There was also dialogue regarding how PCMH is

coordinating care for patients and how practices are implementing EHR. Disclosure forms and information were also discussed.

- In October, PCMH and Glide Path updates revealed the need for community transformation specialists to consult with providers. There was dialogue surrounding how best to evaluate Coordination of Care. There was also a presentation about EHR implementation in practices and the optimum inclusion of children's concern into the process. The Allied Health Work Policy presentation reflected concerns that CT has an unmet need for health workers.
- In November, the Committee reviewed PCMH and Glide Path updates, which demonstrated a need for improvement in the quality. The Committee expressed a need for more data from DSS. There was discussion about how to facilitate the improvement.
- In December, PCMH and Glide Path updates addressed concerns about integrating coordination of care into the practices. There was also an update about HUSKY B costs declining in 2012 v. 2011. These updates discussed by the Committee.

Complex Care Committee

- In January, the meeting started with a presentation about ASO/Health Home Model, how it is structured and whom it serves. The profile of the person with complex needs was discussed as it pertains to this structure. Shared Savings Options were also discussed, and it was determined that the state can share 50/50 of Medicare savings and state's net Medicaid expenditures without further approval.
- In February, before the committee meeting officially started, the Committee discussed the results of the Focus groups. PCMH was discussed, as it should be about the relationship between patient and providers. The Committee also debate appropriate uses of the Shared Savings, advance payment to providers to do specific care coordination.
- In March, DSS presented on Health Neighborhoods and Person-Centered Care models. There was also discussion about the ability of the Department to measure cost-savings with these new models.
- In April, there was further discussion about the dual eligible population and how to implement person-centered care into that population. There was a general consensus that the Committee is trying to change medical care on the local level by changing the way physicians treat patients. There was concern about the number of providers in the state.
- In May, DSS presented on the status of the CMS application. The Committee also discussed next steps in the design model including the set up of the Health Neighborhoods and measurements of performance.
- In June, the Committee heard presentations from CHNCT, Moving Forward, CMHA, PACE, Health Management Strategies for Recovery, and Wellness and Recovery Care Coordination.
- In August, DSS reported on their conversation with CMS about the implementation of Health Neighborhoods and best practices for that implementation. The Committee also discussed the limitations of Performance Measure sets.

- In September, the Committee heard a presentation on Health Neighborhoods and barriers to care transition. There was also an update on the Duals Initiative, which including mapping CT's current capabilities for care coordination.
- In October, the Committee identified three major concerns with Health Neighborhoods. These concerns are lead and health neighborhood characteristics, care management model, and the financial model.
- In November, the Committee reviewed the Integrated Care Demonstration Operations Plan Outline, which details many of the questions and proposed solutions to the Health Neighborhoods model.
- In December, the Committee discussed the needs of those living with intellectual and developmental disabilities. The proposed solutions included educating providers, care coordination, and better preventative care for other illnesses. There was also discussion about whether or not a state agency could be a BHPA.

Consumer Access Committee

- In January, the Committee heard updates on the new ASO. There was also discussion about the HUSKY renewal program and the Immigrant Enrollment program from CT Voices for Children.
- In February, the Committee heard an update on the Pharmacy updates about the survey that was sent to prescribers and pharmacists. There was also a presentation on the rights and responsibilities of those enrolled in the HUSKY Health system.
- In May, the Committee heard the results of the prescriber and pharmacist surveys. There was then a discussion about the issues surrounding prior authorization.
- In June, the Committee discussed the reported issues with the Transportation ASO. Additionally, there was a vote regarding the Committee's recommendations for pharmacy updates and changes.
- In July, the Committee discussed the Family Planning program implementation. The ASO Grievance Report was also discussed along with the Committee's recommendations for transportation and pharmacy concerns.
- In August, the Department gave an update on the application delays. The Committee also finalized their transportation recommendations. The Committee took a formal vote on the pharmacy recommendations.
- In September, the Committee reviewed modernization of the redetermination procedure. They also discussed the overlap between care coordination BHP and the Consumer Access Committee.
- In October, the Committee discussed the ASO Grievance Report. The Committee also heard a discussion from the CT BHP and Dental Health Partnership about complaints from 2012.

Women's Health Committee

- In January, the Committee heard an update on the ASO programs related to pregnancy. There was also a discussion regarding the Pregnancy Risk Assessment Management Program.

- In March, the Committee heard updates on the Pay for Performance, 39 weeks, and Strong Start Initiatives. It was also announced that DPH has been awarded the opportunity to attend the National Leadership Academy for Public Health.
- In April, the Committee discussed the Community Transformation Grant. The Committee also discussed births to mothers with HUSKY and Medicaid coverage. There were also updates on the pay for performance model and the National Leadership Academy opportunity.
- In May, the Committee discussed the Pregnancy Notification Form and the Strong Start program. There were also updates on the pay for performance model.
- In June, the Committee heard a presentation on enrollment and retention in CT. There was also an update regarding the pay for performance/ OB fee schedule and the grant application for the strong start initiative. Data surrounding Medicaid births was presented to the Committee.
- In July, DPH and CHA both presented about their statuses, recommendations, and policy initiatives. The Strong Start application is in its final stages and the DPH is finalizing who will attend the National Leadership Academy
- In September, Child Birth Connection gave a presentation on Transforming Maternity Care Partnerships. There was then a discussion about postpartum depression. Updates were presented regarding the Community Transformation Grant, Retention, and Pay for Performance.
- In October, DSS gave an update on the Pay for Performance program. The OB enrollment form was also discussed. Rates and Changes made for each OB service was further discussed. The March of Dimes program, 39 Weeks, will soon be implemented as hospital policy in conjunction with the CT Hospital Association.
- In November, CT Voices gave an update on maternal health and pregnancy in the HUSKY program. Rewards to Quit also gave a presentation to the Committee on their program. The Dental Health Partnership also presented about health risk screenings.
- In December, there was a large discussion and update regarding the Pay for Performance model. The Committee then discussed the Depression Screening Reimbursement rates.

Quality Improvement Committee

- In January, the Committee agreed on a mission statement and set out goals for itself. It also discussed the possibility of splitting into subcommittees for adults and adolescents.
- In February, HEDIS Measures presented comparisons of the measures and CT HUSKY. Membership in the two subcommittees was decided.
- In March, the taskforces on adults and adolescents reported back what they identified to be priority issues for the Committee to address. There was also discussion about how to implement best practices such as chart reviews, PCMH, and dual eligible indicators in the analysis.
- In April, the Child/Adolescent Taskforce met and discussed criteria for determining HEDIS indicators, quality improvement assessments, developmental screening, and experts. The Taskforce will focus on ages 0-3 for state health assessment.
- In May, the Taskforce reviewed the HEDIS indicator of well-child care visits. The Taskforce also worked to come to a group consensus on recommendations.

- In June, the Child and Adolescent Taskforce and the Adult Taskforce both presented about their findings and HEDIS criteria.
- In July, the Committee discussed their intent to monitor well-care visits for both children and adults to monitor quality. The Committee will also look into where these visits are taking place and how often they occur.
- In August, The Child/Adolescent Taskforce heard a presentation on developmental screenings, which highlighted the screening tools and reimbursement issues.
- In September, CHNCT discussed the attribution process and unusual sources of care. There was also discussion about school-based health centers and the difficulty of collecting data about patients seeking unusual sources of care.
- In October, the Taskforce recommended additional training for providers to perform developmental screening and file claims for those screenings. There was also discussion about the need for behavioral health services for children.
- In November, the Taskforce reaffirmed its commitment to better communicating with providers about developmental screenings and tracking data of Medicaid enrollees who use these services to better inform the process.
- In December, CNHCT presented on attribution and dual eligible to the Committee. There was further discussion about need to attribute primary care providers before the next data survey.